Name in Full Stanley Adams

Certificate of D

Died at Town Near Marlboro County Pr. Geo. Co. MARYLAND

Date 1899 Month Day Mar 17 Age Y. M. D. 28 Native of Md Occupation Jockey

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Not Known Mother's Name 22a

Cause of Death Primary Consumption How long sick Six Month

Immediate " 4-28 ~~Accident~~, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Sallie M Bauchages

Certificate of Death

Died at Town Hyattsville County P. Geo Co MARYLAND

Date 1899 Month 3 Day 26 Age Y. 54 M. 1 D. 27 Native of Md Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living two

~~Husband~~ Wife of Fred. Bauchages

Father's Name Joshua Murray Mother's Name Sarah Murray (Wilson)

Cause of Death Primary Cancer of uterus 25d How long sick one year

Immediate ~~Accident Suicide Homicide~~

Reported by Chas A Wills

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66968

Name in Full Robert Brooks

Certificate of Death

Died at Town Highlands County P.G. MARYLAND

Date 1899 Month 3 Day 20 | Age Y. – M. 9 D. 10 | Native of Maryland | Occupation —

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number ~~of children~~ living

Husband ~~of~~ Wife —

Father's Name Robert Brooks Mother's Name Lizzie Brooks

Cause of Death: Primary Acute Meningitis 39a — How long sick one week

Immediate Commissioner [illegible] — Accident, Suicide, ~~Homicide~~

Reported by Robert Brooks (Father)

Address Highlands — Geo H. Peters M.D. Hyattsville Md

F. Gooch. Undertaker Bladensburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. G. Hoffmann Oelrich

of Hyattsville Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full Mary Brooks

Certificate of Death

Died near Town Aquasco Pr Geo C

MARYLAND

Date 1899 Month March Day 27 | Age Y. 45 M. D. | Native of Aquasco | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Jerry Brooks

Father's Name Not Known

Mother's Name Louisa Butler

Cause of Death

Primary Heart disease & dropsy 57

How long sick two weeks

Immediate Grip and exhaustion

~~Accident, Suicide, Homicide~~

Reported by Wm. A. Marbury M.D.

Address Aquasco Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

John Randolph Brown

Died at Town: Laurel County: Prince Georges MARYLAND

Date 1899 Month: March Day: 28 Age Y. 1 M. D. Native of: Maryland Occupation: —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of Infant

Father's Name John R. Brown Mother's Name Mary Brown

Cause of Death: Primary Grippe. 9 How long sick 8 days

Immediate Congestion of Lungs ~~Accident, Suicide, Homicide~~

Reported by John Cronmuller M.D.

Address Laurel Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Agnes M. Burton

Died at Town: Laurel County: Pr Geo's MARYLAND

Date 1899 Month: Mar Day: 9

Age Y. 5 M. 10 D. 24

Native of Md

Occupation School Girl

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~

Number of children living

Husband of Wife

Father's Name: Wm H Burton

Mother's Name: Mary A. Burton

Cause of Death: Primary: Pertussis 7

How long sick: 2 weeks.

Immediate: Pneumonia

Accident, Suicide, Homicide

Reported by J. R. Smyth. MD.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88868

Name in Full Unnamed Child Burton

Certificate of Death

Died at Town Laurel County Pr Geo MARYLAND

Date 1899 Month Mar Day 23 Age Y. M. D. 21 Native of Us Occupation Cabe

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Wm N. Burton

Mother's Name Mary A Burton

Cause of Death Primary Bronchitis 69 How long sick 3 days

Immediate Heart Failure Accident, Suicide, Homicide

Reported by [illegible]

Address Laurel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65368

Name in Full

Certificate of Death

Parthenia Elizabeth Gordon

Died at Town Bladensburg County P. Geo MARYLAND

Date 189 Month 3 Day 21 | Age Y. 59 M. D. | Native of d C | Occupation Nurse wife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of late Capt. Chas Gordon

Father's Name John McKelden | Mother's Name —— McKelden

Cause of Death { Primary Apoplexy 42 | How long sick a few hours

Immediate | ~~Accident Suicide Homicide~~

Reported by Chas Gordon

Address Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66069

Name in Full Annie Johnson

Certificate of Death

Died at Town Bowie County Pr Geo Co MARYLAND

Date 1899 Month Mch Day 7 Age Y 20 M 4 D 11 Nationality Maryland Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Wife~~

Female Colored Single ~~Widow~~ ~~Nationality of Husband~~

Husband of Wife

Father's Name James Johnson

Mother's Name Mary E Barton

Cause of Death Primary Ne Confinement 118 How long sick

Immediate ~~Accident Suicide Homicide~~

Reported by Martin Fladung Undertaker

Address Collington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Katherine L. Gertrude Kerby

Died at — Town: New Glatz — County: Pr. Geo. — MARYLAND

Date 1899 — Month: 3 — Day: 8 — Age: Y. 7 M. 8 D. — Native of: Pr Geo Co — Occupation:

~~Male~~ — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband of Wife

Father's Name: John Kerby — Mother's Name: Mary Jenette Kerby

Cause of Death — Primary: Scarlet Fever — How long sick: 3 days

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: E. P. Simkson M.D.

Address: Oxen Hill Pr. Geo. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name in Full — Merson — Certificate of Death

Died at Town: N Laurel — County: Pr Ges — MARYLAND

Date 189 9 — Month: Mar — Day: 3 — Age: Y. 2. M. 24 D. — Native of: Md — Occupation: Boler

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — ~~Widow~~ — Widower — Divorced — ~~Number of~~ children living

Husband of Wife

Father's Name: E Frank Merson — Mother's Name: Agnes S. Merson

Cause of Death — Primary: Bronchitis '69 — How long sick: 3 days

Immediate: Suffocation — Accident, Suicide, Homicide

Reported by: J R Hewitt

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name in Full Martha Kearsley Morrison

Certificate of Death

Died at Town Hyattsville County P. Geo Co MARYLAND

Date 1894 Month 3 Day 29 Age Y. 45 M. 4 D. – Native of Michigan Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Wm H Morrison

Father's Name Geo Davis

Mother's Name Myra Wilcox

Cause of Death Primary Phthisis

Immediate

How long sick 2 years

22a

~~Accident~~ ~~Sc~~ ~~Hom~~

Reported by Dr Chas Awkley

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66869

Name in Full Charles Elzie Parker

Certificate of Death

Died at Town Branchville County Prince George MARYLAND

Date 1899 Month March Day 18 | Age ~~Y.~~ M. 8. D. 26 | Native of P. G. Co | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Wm H Parker

Mother's Name Nettie Parker

Cause of Death: Primary Pneumonia 72 | How long sick It aid soon after I saw it 8 [illegible]

Immediate " was sick about 10 [illegible] | Accident, Suicide, Homicide

Reported by C A Fox

Address Bellsville Prince George Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full James N Richie

Certificate of Death

Died at Town Rosaryville County P.G. Co MARYLAND

Date 1899 Month Mch Day 8 Age Y. 86 M. D. Native of Md Occupation None

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Dont Know Mother's Name Dont Know

Cause of Death Primary 141 How long sick

Immediate Old age no physician ~~Accident, Suicide, Homicide~~

Reported by Dr W. H. Gibbons H O

Address Croom Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85088

Name In Full

Certificate of Death

Anna Amelia, Stanton

Died at Town: Laurel County: Prince Georges MARYLAND

Date 189 9 Month: March Day: 28

Age Y. 64 M. 9 D. 13

Native of Maryland Occupation Housekeeper

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living Nine

~~Husband~~ Wife of Edward Stanton

Father's Name John Bosh

Mother's Name Sarah Ward

Cause of Death — Primary: Heart Dilitation 57

Immediate: Heart Failure

How long sick

~~Accident, Suicide, Homicide~~

Reported by John Cronmiller M D

Address Laurel Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70005

Name in Full Hugh Benton Layman

Certificate of Death

Died at Town Rosaryville County P. G. Co. MARYLAND

Date 1899 Month Mch Day 11 | Age Y. 0 M. 11 D. — | Native of Md | Occupation None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband ~~Wife~~ of

Father's Name Richard H. Layman | Mother's Name E W Layman

Cause of Death: Primary 50 | How long sick 2 days

Immediate Tetanus | ~~Accident, Suicide, Homicide~~

Reported by W H Gibbons M.D.

Address Croom Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full John Edward Miller — Certificate of Death

Died at Town Bladensburg County Prince Georges MARYLAND

Date 189 Month March Day 7 | Age Y. 5 M. 6 D. 10 | Native of Prince Geo Co Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~of~~ Wife

Father's Name Edward M. Miller | Mother's Name Mary E. Miller

Cause of Death: Primary Drowned | Immediate | ~~How long sick~~

146

Accident, Suicide, ~~Homicide~~

Reported by C A Fox

Address Bladensburg Md Prince Georges Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name in Full

Annie E. Wilson

Certificate of Dea

Died at Town Marlboro County Pr. Geo. MARYLAND

Date 189 Month Mar Day 23 | Age Y. 3 M. 2 D. 22 | Nativity of Md | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~of~~ Wife

Father's Name Wm Wilson | Mother's Name Lizzie Wilson

Ceuse of Death { Primary Spasms 49 | Immediate Heart Failure } How long sick One day

~~Accident, Suicide, Homicide~~

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FF688

Name in Full

Certificate of Death

Died at Town County MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189	3	17	Age	1	3	

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of
~~Wife~~

Father's Name

Mother's Name

Cause of Death: Primary

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

J. Gaith, Undertaker Bladensburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706